## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10-620-600

|  |  |   | SMALL ENTITY TYPE |                               |              | OTHER THAN<br>OR SMALL ENTITY |            |                     |                        |    |                       |                        |
|--|--|---|-------------------|-------------------------------|--------------|-------------------------------|------------|---------------------|------------------------|----|-----------------------|------------------------|
| TOTAL CLAIMS   |  |   | 6                 |                               |              |                               | ſ          | RATE                | FEE                    |    | RATE                  | FEE                    |
| FOR  |  |   | NUMBER FILED      |                               | NUMB         | ER EXTRA                      | ı          | BASIC FEE           | 375.00                 | OR | BASIC FEE             | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | () minus 20=      |                               | * 10         |                               | İ          | X\$ 9=              |                        | OR | X\$18=                |                        |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =       |                               | * 0          |                               | ľ          | X42=                |                        | OR | X84=                  |                        |
| ΜU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT            | _                             |              |                               | ŀ          | +140=               |                        | OR | +280=                 |                        |
| * If the difference in column 1 is less than zero  |  |   |                   |                               | "0" in c     | olumn 2                       | L          | TOTAL               | 375                    | OR | TOTAL                 | o                      |
| CLAIMS AS AMENDED - PART II  |  |   |                   |                               |              |                               |            |                     |                        |    | OTHER                 | THAN                   |
|  |  | (Column 1)                                | (Colur            |                               |              |                               |            | SMALL E             |                        | OR | SMALL                 |                        |
| AMENDMENT A  | 猫  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **                            |              | =                             |            | X\$ 9=              |                        | OR | X\$18=                |                        |
|  | Independent                                    | *   | Minus             | ***                           | COLAINA      | =                             |            | X42=                |                        | OR | X84=                  |                        |
| <u> </u>   | rinoi Pricoc                                   | NTATION OF MI                             | JUITE DEF         | ENDEN                         | CLAIN        |                               | ۱ <b>ا</b> | +140=               |                        | OR | +280=                 |                        |
|  |  |   |                   |                               |              |                               | L          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE   |                        |
|  |  | (Column 1)                                |                   | _ ′                           | ODII. I LL   |                               |            | 7,0011. T EE1       |                        |    |                       |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **                            | <del>,</del> | =                             |            | X\$ 9=              |                        | OR | X\$18=                | *                      |
|  | Independent                                    | *   | Minus             | ***                           | T OL A 184   | =                             |            | X42=                |                        | OR | X84=                  |                        |
| L  | FIRST PRESE                                    | NTATION OF MI                             | JLIIPLE DEP       | ENDEN                         | CLAIM        |                               | ¹          | +140=               |                        | OR | +280=                 |                        |
|  |  |   |                   |                               |              |                               | L          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE   |                        |
|  |  | (Column 1)                                |                   | (Colu                         |              | (Column 3)                    | _ ′        | 10011.1             |                        |    | 7.00m. r cc           |                        |
| AMENDMENT C  | W.   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **                            |              | =                             |            | X\$ 9=              |                        | OR | X\$18=                |                        |
|  | Independent                                    | *   | Minus             | ***                           | T CL AIM     | =                             |            | X42=                |                        | OR | X84=                  |                        |
| <u></u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                               |              |                               |            | +140=               |                        | OR | +280=                 | ,                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                   |                               |              |                               |            |                     |                        | ΛB | TOTAL                 |                        |
|  | If the "Highest Nu                             | mber Previously Pather Previously Pa      | aid For" IN THI   | S SPACE                       | is less tha  | an 3, enter "3."              |            |                     | propriate box          |    | ADDIT. FEE<br>lumn 1. |                        |